

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <input type="text"/> 12466	2 Fiscal Year Covered From <input type="text"/> / <input type="text"/> / <input type="text"/> Through <input type="text"/> / <input type="text"/> / <input type="text"/> 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name <input type="text"/> <input type="text"/> S <input type="text"/> James Elrod P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> 911 20th Street City <input type="text"/> Bakersfield State <input type="text"/> ZIP Code + 4 <input type="text"/> California 93301	4 Name file number and address of labor organization Name <input type="text"/> Int 1 Brotherhood of Electrical Workers LU 428 Labor Organization File Number <input type="text"/> 034 225 P O Box Building and Room Number if any <input type="text"/> Street <input type="text"/> 911 20th Street City <input type="text"/> Bakersfield State <input type="text"/> ZIP Code + 4 <input type="text"/> California 93301
5 Position in labor organization <input type="text"/> President and Trustee	

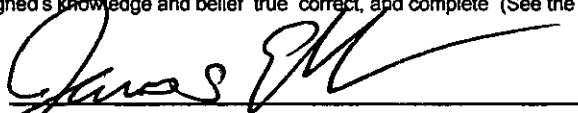
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <input type="text"/> Trade Name if any <input type="text"/> P O Box Bldg Room No if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7 a Nature of Interest Transaction or Income <input type="text"/> 7 b Amount <input type="text"/>

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.)

Signed



On

08/15/2005

Date

661-323-2979

Telephone Number

Name of Person Filing James Elrod	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any) Name Construction Benefits Administration Inc Trade Name if any P O Box Bldg Room No if any Suite 100 Street 3008 Sillect Avenue City Bakersfield State California ZIP Code + 4 93308	9 Business deals with <input type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Kern Co Electrical Health Training Trusts Trade Name if any P O Box Bldg Room No if any Suite 100 Street 3008 Sillect Avenue City Bakersfield State California ZIP Code + 4 93308	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;">Trustee</div> 11 b Approximate dollar value of such dealing <div style="border: 1px solid black; width: 100px; height: 20px;"></div> 12 a Nature of interest held or income received Reimbursement for expenses 1 Employee Benefits Conference New Orleans December 2004 \$1550 00 <div style="border: 1px solid black; min-height: 100px;"></div> 12 b Amount <div style="border: 1px solid black; width: 100px; text-align: right;">\$1 550</div>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 a Nature of payment. <div style="border: 1px solid black; min-height: 150px;"></div> 14 b Amount of payment <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

Name of Person Filing James Elrod

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Sierra Investment Partners Inc

Trade Name if any

P O Box Bldg Room No if any Suite 300

Street 101 Ygnacio Valley Road

City Walnut Creek

State California ZIP Code + 4 94596 4061

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Kern Co Electrical Health Training Trusts

Trade Name if any

P O Box Bldg Room No if any Suite 100

Street 3008 Sillect Avenue

City Bakersfield

State California ZIP Code + 4 93308

11 a Nature of such dealing

Trustee

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Complimentary Gifts (approximate value)

1 Bottle of Wine(\$35) Xmas 2004

2 Corkscrew w/Presentation Box(\$50) Xmas 2004

12 b Amount

\$85